V. S. No. 1

N. B.—WR(TE)

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AL.	d		0	1.
Q	-WRYTE PLAKLY, WITH UNFADING INK-THIS IS A PERMANENT RECEAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1/2/2
	IT REGRED.	LY. PHYSI	. Exact sta	
ARGIN RESERVED FOR BINDING	A PERMANEN	EXACTI	erly classified	icate.
ERVED FOR	K-THIS IS	hould be state	may be prop	TION is very important. See instructions on back of certificate.
KGIN KEN	FADING IN	lied. AGE s	ms, so that it	nstructions on
	Y, WITH UN	carefully supp	H in plain ter	ortant. See in
	THE PLANT	n should be	SE OF DEAT	s is very impo
7. 1	-WR	matio	CAU	TION

	STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	5615
1.	PLACE OF DEATH	1	g- 100	9:00	0010
	County Prince 1	enge		Registration Dist. No. 23	J
	Village or City	low		NoSt.,	Ward
	Length of residence In city or town whe	re death occurred		death occurred in a horpital or institution, give its NAME instead of street andds. How long in U.S. If of foreign birth?yrs,m	
2.	FULL NAME Olin	e L.a	ave		
STIT	(a) Residence: No.			St. Ward.	
		(Usual place		If nonresident give city or town and	State
3. SE	PERSONAL AND STATIS 4. COLOR OR RACE	1		MEDICAL CERTIFICATE OF DEATH	
J. JE.	F COLOR OR RACE		CRIED, WIDOWED, D (write the word)	21. DATE OF DEATH May (Month) (Day)	, 193(Year)
	married, widowed, or divorced HUSBAND of (or) WIFE of	\	/	22. I HEREBY CERTIFY, That I attended	deceased from
6. DA	TE OF BIRTH (month, day, and year)	not has		I lest saw her elive on 1937	death Is said
7. AG		Deys	If LESS than	to have occurred on the date stated above, at	
	60		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	Date of onset
LION	8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Cerebral Hemorrhage	3/5/55
OCCUPATION	9 Andustry or business in which work was done, as SIŁK MILL, SAW MILL, BANK, etc	~			-
00 1	O. Date deceased lest worked at this occupation (month and year)	spa	time (years) ent in this - upation		-
12. BI	IRTHPLACE (city or town) W	osh		Other Contributory Causes of importence:	4/1/35
-	(State or country)	D. e.		Chrolin teral plisance	
T ER	3. NAME frefet	t. Uno	2	antic insufficiency a cutor	
FATHER	4. BIRTHPLACE (city or town)	1		Name of operation Dete of	
	(State or country)	B		Whet test confirmed diagnosis? Wes there an	autopsy?
= -	5. MAIDEN NAME Mari	1		23. If death was due to external causes (VIOLENCE) fill in elso the following	•
O 1	(State or country)			Accident, sulcide, or homicide? Date of Injury Where did Injury occur?	
17. IN	FORMANT Plande	ann		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE,
18. Bt	(Address) URIAL, CREMATION, OB. REMOVAL	-d -		Manner of injury	
	Place Washington	P. Date 5-5	1935	Nature of injury	
19. UI	NDERTAKER / JAMES	3 The	egly.	24. Was disease or Injury in any way related to occupation of deceased?	hu
-	(Address)	904	1	If so, specify	
20, FI	LED /5/35, 19 1-12	06 5 12	full	(Signed)	M. D.
			Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
		1 week ago
1921		
	Run over by street car	1 week ago
ly 5,1927	Perilonilis	3 days ago
	Other contributory causes of importance:	
ay 1,1923	Gastroenteritis	1 year
		Other contributory causes of importance:

See instructions on back of certificate.

TION is very important.

-WRITE PLA

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1) per	13	- 4	10	
-1	15	1)	1	()	

1. PLACE OF DEATH	93-0	60
county trince Georges	Registration Dist. No.	27
Village of City Paure	No. 331 Laurel Ave St.	Ward
116	If death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of rasidence In city or town where death occurred	osds. How long in U.S. If of foreign birth?yrsmos	sds.
2. FULL NAME Monlgomery Armeli	-ong	
(a) Residence: No. 331 Laurel Ave	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	
MALE WhiTe - MARRIED	(Month) (Day)	(Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attanded d	to a second from
(or) WIFE of Della. F. Armstrong	4 / 1933, to 5 / 2 9	leceased from
No 1000 has 10 19 CG	I last saw hung alive on 3/29 1933	doath le said
6. DATE OF BIRTH (month, day, and year) / V V CM ber /0, 1837 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 30 Am.	, geath is said
75 6 19 1 day,hrs		
ormin.	wera as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Merchant.	and the same	1933
9. Industry or business in which	- May or way	7.7.9.
work was done, as SILK MILL, Store		
11. Total time (years) this occupation (month and 197)	a	
year) occupation occupation	Of ther Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) Falmouth-	Promitry of the Duration; one year	1933
(Stata or country) Virginia	- Okcub Carchal Sullation	3/29/3
13. NAME Gliphon		/
14. BIRTHPLACE (city or town)	Nama of operation Data of	
(State or country)	What test confirmed diagnosis? Was thera an au	utopsy?la
15. MAIDEN NAME ULPUUM	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town) - Harhuman	Accident, suicide, or homicide? Date of injury	19
State or country)	Whera did injury occur?	
17. INFORMANT (SON) W. L. Armstrong	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Addrass) Laurel Maryland.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Laurel Data May 31, 1935	Nature of injury	
19. UNDERTAKER John E. Denny	24. Was diseasa or injury in any way related to occupation of deceased?	0
(Address) Raltimore, Maryland.	If so, specify	
May 31 35 m. Brankeaus	(Signed) / Warring	M. D
20. FILED May 31, 1935 M: Dus hears	(Address) Paul II	9

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	F MARYLAND-	-CERTIFICATE OF DEATH 05617
County Cruce 9	ro.	Registration Dist. No. 2 H 5
Village or City Bruncles Length of residence in city or town where do	- and -	No. St., Ward Of death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many (a) Residence: No. Brane		✓ St., Ward.
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEXY 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, wildwed, or diversed HUSBAND of (or) WIFE of many	Fales	22. I HEREBY CERTIFY. That I attended deceased from 1938, to Xlay 12, 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year)	Days If LESS than I day,hr	i last saw h. A. alive on May 1. 19. 3 S, death is said to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housemp.	Muso carches chronic.
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this	an acute exceptation of a chronic myogardidas
12. BIRTHPLACE (city or town) (State or country)	Occupation	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) (State or country)	P	Name of operation Oate of What test confirmed diagnosis? Classical Agrillet Hote an autopsy?
15. MAIOEN NAME 6 Lya 16. BIRTHPLACE (city or town) (State or) country) 17. INFORMANT	Scott D	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL EREDIATION, OR REMOVAL Place	Date May 160/2	Manner of injury
19. UNDERTAKER Address)	Sampled.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED! Nay 15, 1935 M	Man Solve Segistrar.	(Signed) Many (Canal M. D. (Address) M. (Addr

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	THE THE T	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF	MARYLAN	D-CERTIFIC	ATE	OF	DEATH
· · · · · · · · · · · · · · · · · · ·	T. 22 CT C T POUL CT C		—		

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r	3.	. 3	1 .	-7	1 7
V		U	1	Ä	2)

1. PLACE OF DEATH		46-29	VA
County Prince	rotel	Registration Dist. No.	,740
Village or City	(1	No. 40/2 Sheelys St., f death occurred in a hospital or institution, give its NAME instead of street and s. 5 Health, How long In U.S. if of foreign birth?	
22.2	cl. 11 1	1+	1103
2. FULL NAME ///Lar	Laillie Farous	ghlon	
(a) Residence: No.		St., Ward.	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d Stale
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.		
Funale White	OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 5 . (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillips	If. Bevegleton	22. I HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year)	meh 7-1872	4	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the dete steted above at /- 42A m.	, 00001113 3010
63	28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or particular	ormin.	were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	at I forme	Hepatic sarcinoma	1034
9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc			
1D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
7001/	oc.upation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)(State or country)	4		
1 0/	11	- Un vocluous	1433
13. NAME Itury	Numas		
14. BIRTHPLACE (city or town)	- tj	Name of operation	
(State of country)	Ja	What test confirmed diagnosis? Symples Was there and	au'opsy?
15. MAIDEN NAME Jewell	e Theller	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)	def	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	a a	Where did injury occur? (Specify city or town, county and St	nte)
17. INFORMANT (Address)	The state of the s	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P	
18. BURIAL, CREMATION, OR REMOVAL	of me by	Manner of injury	
Place Ceder Etell Cook	Date 112 1 -19.33	Nature of injury	
19. UNDERTAKER 4. Jack	he Som	24. Was disease or injury in any wey related to occupation of deceased?	w
(Address)	wille ma	if so, specify	
20. FILED	of weed in	(Signed) 21(02 20/ th AAIII	DO
	Registrar.	(Address) 34.00 24 62 /47 W	me year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1	1	6	1)	1	1
11	0	1)	٠_	€.	-

County Prince Geol	ree's Co	untv	Registration Dist. No. 2-3/
Village or City Docatur	_		No. St., Ward
		(18	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred	Oyrsmos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stedy	nsn Penn	olton Car	aoni
(a) Residence: No.8 Tlean			St., Ward.
PERSONAL AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
male white	OR DIVORCE	D (write the word)	may 23 1935
5e. If married, widowed, or divorced	marri	<u>e0</u>	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Kate P. Car	non		22. I HEREBY CERTIFY, That I ettended deceased from
			mar 30, 1935, to May 25, 1935
	Feb. 5, 1		I last sew h surelive on may 25 , 1935; deeth is said
7. AGE Yeers Months	Oays	If LESS then f day,hrs.	to heve occurred on the date steted ebove, Vt. 7.1
55 years 3	18	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ssisten	t	Momerilo-Nephrilis
1 9 Industry or business in which	800	Kooper	- ne dating from the The
work was done, es SILK MILL, SAW MILL, BANK, etc	asury D	epartment	19/8. Cut 17.
10. Oate deceesed last worked et this occupetion (month and	11. Totef ti	ime (yeers)	
year)		pation	Other Contributory Causes of importence:
12. BfRTHPLACE (city or town) Ten	nonnsee		Maerina de la
(State or country)			
13. NAME William A.	Cannon		
H 13. NAME William A. (nennsee		Neme of operation www. Date of
(State or country)			What test confirmed diagnosis? Munalysus there en au'opsy? 200
15. MAIDEN NAME T. J. NO. 16. BIRTHPLACE (city or town)	thorland		23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)Yirg_	inia		Accident, suicide, or homicide? Oete of injury, 19
(State or country)			Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Vate P. Ca (Address) Docatur H	nnon rights M	d.	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL		ey 27, 1	Manner of injury
Place Allington Com-	Dete	19	Neture of injury
19. UNDERTAKER F. GSSCh'S	Sons		24. Wes diseese or injury in eny way related to occupation of deceesed? Wo
(Address) Hysttsvil	lo Md.		If so, specify
20, FILED May , 27 , 1935 }	Welen.	Stack,	(Signed Osmes of Sappunglow M. D.
ave trace de la sagrapa de la		Registrar.	(Address) 1/03-16 Walking Total

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	a day	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU W g			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	O5621
	STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH
0 +	Registration Dist, No. 246
Village or City Brentwood (No. 3426 - Every Street 1) 2FULL NAME George Herbert	tion sive its NAME I.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH May 28, 19335
6 DATE OF BIRTH	(Month) (Day) (Year)
March. 14 , 1861	My 28, 135.
(Month) (Day) (Year)	that I last saw h malive on man 2.8 , 1935,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
74 2 mg 14 de a mis 2	The CAUSE OF DEATH * was as follows:
T yrs. 2 mos. 4 ds. or min.?	Chronis myrandus
(a) Trade, profession or Retired	
(b) General nature of industry	
business, or establishment in Merchant	(Duration) yrs. yos. ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
1 10 NAME OF A	(Duration) 2 yrs mos ds.
FATHER Warren B. Clapp.	Man 29 1935 (Address) M. Barmen Am
OF FATHER Z (State or country) Many Yorks City	*State the Placase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary ayer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea.h?
(Informant) Verner Clapp.	Former or usual residence
(Address) 3426 - Evano st.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7. 12 5/30 10.35
-/ 50 01	20 UNDERTAKER A ADDRESS
Filed May 29 19235 Harry Mally Registra	aluno R. Speare 1673-Com an
If more banks are needed, addre a State Registrar	, 16 W. Saratoga St., Balto., Lequesting V. S. Se. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more previous are mine, etc. Wom-laborer, Form laborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) the first line will be sufficient, e. g.. Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on Stationory firemon, etc. (b) Automobile foctory. The materic But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym.is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" 18 less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly and qualify as accidental, suicidal of homicidal, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis; etc. The contributory use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: A ccidental drowning; Struck by railwoy train-Never report mere symptoms or terminal condi-Chronic affection need valvular heart diseose; Nomenclature of the Always qualify all not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

L.	A LANGE OF THE PARTY OF THE PAR		CARA.		1	-		1				-	-	
K,	WILL	LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	DINC	Z	K	HIS	IS A	了 云	KMANE	Z	KECO	KD.	Every	item
al	refully	carefully supplied. AGE should be stated EXACTLY.	AG	E S	pinou	be	stated	田田	XACT	LY	. PH	YSI	PHYSICIANS sho	she
H	in plai	TH in plain terms, so that it may be properly classified. Exact statement of	so the	at it	may	be	prope	rly	classifie	d.]	Exact	stat	ement	jo

UP	1. PLACE OF DEATH	CERTIFICATE OF DEATH 0562	
00 Jo	Village or City Mince Heardes Hyattsville	Registration Dist. No. 245 No. 812 West Madison St. 446 death occurred in a hospital or institution, give its NAME instead of street and number.	
state	Length of residence in city or town where deeth occurred 25 yrs		
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
. 2	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Y	
classified	a. If married, widowed, or divorced widoward of Harry S. Cranfold	22. I HEREBY CERTIFY. That I attended deceas Way 12, 19.35, to Way 30, 1	
y e .	DATE OF BIRTH (month, day, and yeer) AGE Years Months Days II LESS than 1 dey,hrs. ormin.	i last saw h	
of of TION	8. Trada, profession, or particular kInd of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Ceece Nephrites, Date	
that it may one on back	work was done, as SILK MILL, SAW MILL, BANK, etc	Ocute my ocaracle induration 300 Chelecycles	
	2. BIRTHPLACE (city or town) In Siana County (State or country)	Other Contributory Causes of importance:	
See inst FATHER	13. NAME Andrew W. Evans 14. BIRTHPLACE (city or town) Indiana Co. (Steta or country) Penna.	Nema of operation	
I'H in pla portant.		What test confirmed diagnosis? Was thera an autops: 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
y imp	(State or country) Penna. 7. INFORMANT Harry & Cranford (Address) \$1296. Madison Rive Huntle.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
E is	B. BURIAL, CREMATION, OR REMOVAL Place Menerical Parts Currey Date June 2 - , 19 3 6"	Manner of injury	
CAUS	9. UNDERTAKER (Address) Sarche Sona (Address) Skyatterille M. D.	24. Was disease or injury in any way related to occupation of deceased?	
20	D. FILED JUNE 1, 19 35 Mrs. Jan 22 Ner. Registrar.	(Address) Actual 2014 (Address) Acquesting V. S. No. 1.	

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RUREAU Y S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

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V. S. No. 1

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	Every in IANS ement
	ORD. HYSIC t state
	REC Y. P Exac
VED FOR BINDING	THIS IS A PERMANENT RECORD. Every item of infor- ld be stated EXACTLY. PHYSICIANS should state be properly classified. Exact statement of OCCUPA-
BI	PEH d E
FOR	IS A state prope
ED	HIS be
>	E D &

A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05622
state UPA	1. PLACE OF DEATH	73-2
ould OCC	County Luis gengs	Registration Dist. No. 245.
short of O	Village or City Hyatterille Us	No. 7/ Company Mard . St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. If of foreign birth?yrsmosds.
3D. Every YSICIANS statement	2. FULL NAME Clina Cord Carrier	tere
RD. YSIC state	(a) Residence: No. 7/ We can and . Hy & Alvely	Charles Ward.
	(Usual place of abode)	If nonresident give city or town and State
P P xac	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
ENT RECO TLY. PH ied. Exact	Ferrale Why to OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
RMANEN X A C T L classified.	5a. If married, widowad, or divorced the work of the widowad, or divorced the widowad, or divorced the widowad with the widow	22- LHEREBY CERTIFY, That I attanded deceased from
X A class	(Ot) WIFE-01 Trederick Koney Farmenberg	Phil 21 19 30 to Wee 12 1935
	6. DATE OF BIRTH (month, day, end year) Vue 1, 1859	i last saw h e aliva on way (2 , 19); death is said
A Ped ed erl fica	7. AGE Yaars Months Days If LESS than	to heve occurred on the dete stated above, et. 1!24m.
IS A PE stated E properly certificate.	80 1 1	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
he s be r of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, atc.	
410		with the ocardial very of 153
NK-T should it may n back	SAW MILL, BANK, etc	Cleme of in
H m to	O 10. Date decaased last worked et this occupation (month and yaar)	
NFADING I oplied. AGE erms, so that instructions	Boot in line	Dther Coutributory Causes of importanca:
d. d. so	12. BIRTHPLACE (city or town) (State or country)	Jernaly of Onteres church
UNFA upplied terms, instru	# 13. NAME Tookie Dumerolet	Jones Ser Wantering
D = 2 "	13. NAME Tookida Dienacarakty 14. Birthplace (city or town) Boltwicky line.	Nama of operationOate of
H .= 70	(State of country)	What tast confirmed diagnosis?
WITH efully in pla	16. Birthplace (city or town) Baltuner, we.	23. if death was due to external causes (VIOLENCE) fill in also the following:
2 10	5 16. BIRTHPLACE (city or town) Baltaner, Cup.	Accidant, suicide, or homicide?
ATALY, Id be cal DEATH y import	- (State of country)	Where did injury occur? (Specify city or town, county and State)
E PLATShould I OF DE	17. INFORMANT Les. Ethel Cross (Clouybly) (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
she E O is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Piace Green was be Data May 14	Neture of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER HEAVY W. Denston of for Ev	24. Was disease or injury in any way ralated to occupation of deceased?
B.	(Address) Outrand of Eutlin Palls	Masa, specify (YO)
2 (1	20. FILED Nay 12", 19.35 Mrs. Jacoberel	(Signed) M. O.
	Registrar.	(Address)
	15 more planks are needed, address Affie Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S.			
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Gallstones	May 1,1923	Gastroenteritis	1 year

IS A PERMANENT RE stated EXACTLY. FOR BINDING ARGIN RESERVED

V. S. No. 1

Y. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. UNFADING INK-THIS mation should be carefully supplied. AGE should be ALY, WITH TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6)
County Trince Jeorge	Registration Dist. No. 2 42
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Margaret De	Stee
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced to the state of the	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dess 10/854 7. AGE Years Months Days If IESS than	I last saw he alive on apa 30, 1935; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Churin Myseurillis 1930
SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the property of the	
O 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Sermont	Other Contributory Causes of Importance:
13. NAME & clevard H. S. ears) 14. BIRTHPLACE (city or town)	
(State of Country)	Name of operation
15. MAIDEN NAME Mary, H. Javey.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many, 74. Javey, 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mrs. Mashalene Fennel (Address) ardinare med	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Wash. De. Date May 1, 19 33	Manner of Injury
19. UNDERTAKER AS Olianbers (Addiess) 577-1104 DE W 100	24. Was disease on injury in any way related to occupation of deceased?
20. FILED MASS / St. 1955 - Grace Down Registrar.	(Signed) Mand M.D. (Address) Symbolic M. D.
If more/blanks are nyeded, address State Registrar,	2411 N. Charles Street, Baltimore, Aquesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05625
1. PLACE OF DEATH	211-000
County Prince Jeorge	Registration Dist. No. 245
Village or City Near Hyatthrille	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
011-6.6	anger
	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Vage)
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Qune 29, 1913	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
21 10 3 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8 Trade, profession, or particular kind of work dona, as SPINNER, App. Machinest.	Office dute of
SAWTER, DUNKEEPER, etc.	1 Caro
9. Industry or business in which work was done, as SILK MILL, I. S. Warry gusd	The Woters
10. Date deceased last worked at this occupation (month and year) - 22 - 24 - 1935 cocupation	Tracture of & of taide
24.00	Other Coutributory Causes of importanca:
12. BfRTHPLACE (city or town) Calledo (State or country)	West 10
	2 - De la contraction de la co
I June 11. Carage	7800 48
14. BIRT LDLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME CLARA STANDA	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Cura Backmayer 16. BIRTHPLACE (city or town) Hoghetore	Accident, suicide, or homicide? Collectical State of injury 4 44, 4, 19 3.5.
Stata or country)	Where did injury occur? Bass BA. List
17. INFORMANT ally Essinan	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC-PLACE.
(Address) Vay 5 Yan la Vad MM	1 reblic Hi Jung
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury theological acceidant
Place Fashington Date May 1935	Nature of injury 7 muchined Ifyull
19. UNDERTAKER 4. Tasche Jour	24. Was disease or injury in cay day plated to operation or deceased?
(Address) Offgollswille mid	If so, spenisy and the life time to be the second
20, FILED May a, 193 7 ms las - Severe	(Signed) M. D. (Address) / 7 / Salt / Slist College City
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	JUN 5 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU Y. S.	1		
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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PL	Inc	E.	er
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	sho	0	TION is very important. See instructions on back of certificate.
WRITE	u	SE	1
E	tio	D	O
=	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TI

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEATH		(1)	050
	County Prince Ge	orgais	Registration Dist. No. 21	15
	Village or City Borwyn		No. St.	Ward
		(If	death occurred in a horpital or institution, give its NAME instead of street and r	number)
	Length of residence in city or town where	deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmo)sds.
. 2	. FULL NAME Willi	em Andrew Fenton	1	
	(a) Residence: No. Borvyn	Meryland (Usual place of abode)	St., Ward. If nonresident give city or town and	State
spichin	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 24 -	, 193.5
	If married, widowed, or divorced	1 merrie	(Month) (Day)	(Year)
	HUSBAND of Laude S. He	nton	22. A HEREBY CERTIFY, Thet I ettended april 24 19.35 to May 24	
6. 1	DATE OF BIRTH (month, day, end year)	1877 march 22	1	: death is seld
_	AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, et 3/3 P. m.	, 000111 10 0010
	58 years 2	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
-		, JUI	were as ronows:	Date of onset
101		letired 1930		1934
OCCUPATION	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	. 0, 2,	Chronic Myocardilis	agrily -
CO	SAW MILL, BANK, etc	monay Star Murpape		
ŏ	this occupation (month and	11. Total time (yeers) spent in this occupation	Umbilical herria Cuyle B	
			Other Contributory Causes of importence:	1935
12.	(State or country)	ington D. C.		april 20
α.		lenten	aculy Obstruction y Inc	elani.
FATHER	James	enton	due to unfilical hermia. not due to cancer	1935
FA	14. BIRTHPLACE (city or town) (State or country)	ia iiy	Name of operation Cultural Dete of	yret 28
2	15. MAIDEN NAME Tierosa	Deister	What test confirmed diagnosis? X X Was there en e	
MOTHER			23. If death was due to external causes (VIOL MCE) fill in also the following	
WO	16. BIRTHPLACE (city or town)	wary	Accident, suicide, or homicide?	, 19
			Where did injury occur?(Specify city or town, county and State	e)
17.	INFORMANT MAUGE & FO		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18.	BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
	Place Fort Iincoln M	dbete 1ay 27, 1,985.	Nature of Injury	
	UNDERTAKER F. GESCH'S	Cono		ho
19.	(Address) mm		If so, specify	
20.	FILED May 27, 1935 M	no Jase Dever	(Signed) (Signed) (Address) 7 2 2 March av. 10	M. D.
	If more		2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	ma
		0		- Und

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	A control of		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PERMANENT RECORD. Every item of infor-WITH UNFADING INK-THIS

PHYSICIANS should state

stated EXACTLY. properly classified.

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mation should be carefully

WRITE PLAINLY,

certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that

TION is very important.

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of

Exact statement

1. PLACE OF DEATH County Sur Stange	ND—CERTIFICATE OF DEATH 05627 Registration Dist. No. 242
Village Dr City Of De	No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. if ef foreign birth? yrs, mes. d
(a) Residence: No. Of Management (Usus/place of abode) PERSONAL AND STATISTICAL PARTICULA	I home don't give eny or town and Diate
5a. If married, widowed, or divorced HUSBAND ef (er) WIFE ef 6. DATE OF BIRTH (month, day, and year) 7. AGE Years 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write to the property of the prope	100WED. 21. DATE OF DEATH
9. Industry er business in which werk was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last werked at this occupation (month and year)	Pulmmanf hemmange?
12. BIRTHPLACE (city er tewn) Mender (State er country) State er country) 13. NAME 13. NAME	nd Dither Cautributory Causes of Impertance: Profunction Cautributory Causes of Impertance:

FAT 14. BIRTHPLACE (city or town) (State er country)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or tewn) (State or country)

18. BURIAL, CREMATION.

19. UNDERTAKER (Address)

20. FILED Mar Registrar. 23. If death was due to external causes (VIDL ENCE) fill in else the fellowing: Accident, suicide, er homicide?

Was there an eutopsy?_ Let

What test confirmed diagnosis?_

(Specify city or town, county and State)
Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury 24. Was disease or Injury In any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1.7.6	13		
Other contributory causes of importance:	3 6	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
A.			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05628
County Prince George	Registration Dist, No. 245
Village or City Landober	No. St. War
(If Langth of residence in city or town where death occurred 35 yrs 4 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) Ods. How long in U.S. if of foreign birth?
2/- 11 2 11 11	all S
2. FULL NAME William M. Gardin	St Ward.
(a) Residence: No. Landoful OF A (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 14, 193.5
ia. If married, widowad, or divorced HUSBANO of	
(or) WIFE of mabel M. Gardiner	1935 to May 14 19
5. DATE OF BIRTH (month, day, and year) 5 Moffan 1859	Hast saw h. Helalive on May 14 19 15 death is sa
AGE Yaars Months Days If LESS than	to have occurred on the data stated above, et
76 - 4 9 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
S Jrade, profession, or particular kind of work done, as SPINNER, Saulemaker SAWYER, BOOKKEEPER, etc.	Cerebrol Harmonday 24
9) Industry or business in which work was dona, as SILK MILL, Sailloft	
10. Oato daceased last worked at 1919 11. Totel time (years) 30 spant in this occupation years) 0 caupation years	
2. BIRTHPLACE (city or town) Baltimore md. (State or country)	Other Contributory Castes of Importanca:
13. NAME Japae Gardiner	
13. NAME) Qaae Gardiele 14. BIRTHPLACE (city or town) Dot Ferrown. (State or country)	Nama of operation Oate of Oate
15. MAIDEN NAME MAY - KNOWN.	What test confirmed diagnosis? Was there an autopsy? L. 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Not - Ruvur. 16. BIRTHPLACE (city or town) Not - Ruvur. (Stata or country)	Accident, suicide, or homicide? Data of injury, 19 Where did injury occur?
7. INFORMANT Mrs Mabel M. Gardines	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place LOUDON PARK 172 d Oate 1771 A. 16, 19.35	Nature of injury
9. UNOERTAKER F. Gaschs June (Addrass) 9hy alla mile m.d.	24. Was disease or injury in any way related to occupation of decaased?
10, FILEO May 16, 1938 mon Jas Dever	(Signed) Museum M. (Address) Annells Dans

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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r REC	Y. PH	Exact		3. 5	SEX
MANEN	KACTL	lassined.		5a.	If m
S A PER	tated E	roperly c	on contracts.	7. /	AGE
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUDE OF DEATH IN plain terms, so that it may be properly classined. Exact statement of OCCIPA-	is our pack or ce	OCCUPATION	DAT AGE
DING	J. A(SO LI	nervon	12.	BIR
H UNFA	y supplied	Soo inst	neer men	FATHER	13.
LY, WIT	e carefull	nortant	por tante	MOTHER FATHER	13. 14. 15.
LAIR	ald blu	DE.	13 111	17.	INF
ITE P	on sho	DE OF	DA GT	18.	BUF
WR.	matic	LATON	1	19.	UNI
N. B		(1	20.	FILI

	CERTIFICATE OF DEATH 05629
1. PLACE OF DEATH	107-a
County Prince Junge	Registration Dist. No. 245
Village or City Brendwood (II	No. 218/2 Olive St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsyrsyrs	
2. FULL NAME Magdaline Barbara	2. Green
(a) Residence: No. 2 18 1/2 Jahra	St. Ward.
(Usua Gace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (ponth) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
14 1 22 1924	0 Ma. 12 2 2 7
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h_Ca_afiva on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, \$1.7.20.83.m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
, Julian 1997	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	The state of
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Drouder premuerca 7/13/33
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceased last worked at 11. Total time (years)	*
O this occupation (month and spent in this occupation	
Butumed	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	
	Softia
13. NAME and fary Treeves 14. BIRTHPLACE (city or town) JAL D	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Dorothy Forder 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicida? Data of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Authory Trees me S	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mach: LOC: Date May 20, 1935	Nature of injury
19. UNDERTAKER + Jache Soul	24. Was disease or injury in any way related to occupation of deceased?
D	if so, specify Signed) Signed M. D. M. D.
20. FILED May 18, 1935 Mrs. Jos. Devere	211011 81 12 1
If more blank and add did as Sale Parison	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
a) more viantes are accueux anuress State Registrar,	2411 IV. Chanes Street, Dailmore, Requesting U. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V	21		W_ 11 5	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

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V. S. No. 1

OCCUPA-

Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5631		
1. PLACE OF DEATH		01/01		
County Prince Searce	Registration Dist. No. 2 L	12		
Village or City Aylraw Fista	No. St			
(IF	death occurred in a hospital or institution, give its NAME instead of street and	number)		
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsm	osds.		
2. FULL NAME James Henders	ow			
(a) Residence: No. 9613 - Olio Q (Usual place of abode) 7 au	28 St., Ward. Ward nonresident give city or town and	State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day)	, 193 5 (Yeer)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 may 28 HEREBY CERTIFY, That i attended Than 28, 1935 to may 3/	deceased from		
6. DATE OF BIRTH (month, dey, and year) 8-15 1882	I last saw h seen elive on Trans 30 1935	deeth is said		
7. AGE Yeers Months Deys II LESS than	to have occurred on the date stated above, at 1,450 m.	, deeth is said		
52 -9 -16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:			
9 Trade profession or sectioning	wole as follows.	Date of onset		
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lotar humanous	man 2.5		
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	/			
Note that this occupation (month and speed) 10. Date decessed last worked at this occupation (month and speed) 11. Totel time (years) spent in this occupation (month and speed)		-		
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of Importance:	-		
	none			
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation			
(State of Country)	What test confirmed diagnosis? Churcal ef Wes there en a	utopsy?		
15. MAIDEN NAME	23. If death was due to externel causes (VIOL ENCE) fill in elso the following	:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19		
17. INFORMANT Desperie Henderson (Address) 10113 - Ohis dee,	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	e) ACE.		
18. BURIAL, CREMATION OR REMOVAL Manner of Injury				
Plece Washington DC Date 31 1935	Nature of injury.			
19. UNDERTAKER HENRY & Hershungler	24. Was diseese or injury in any way releted to occupation of deceesed?	no		
20. FILED May 3/1, 1935 Grace Llow Registrar.	(Signed) 3 22 Brady (Address) Last Pleasan)	M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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01			
	Registration	n Dist. No.	545
No Sinchurst Las	1.	yottonle or	Ward
death occurred in a hospital or institu	ution, give its NA	ME instead of street a	nd number)
6 ds. How long in U.S. if			
SUC Ward.			√
	If nonreside	ent give city or town	and State
MEDICAL C	ERTIFICA	E OF DEATH	1
21. DATE OF DEATH	0	,	
	May	6	. 1935
	(Month)	(Day)	(Year)
22. 2 IHEREB	CERTI	FY. That i attend	
May 2	., 192 5, to_	May 6	1935
i last saw h alive on	may 6	19-3	death is said
to have occurred on the date stat			
The PRINCIPAL CAUSE OF DEA			
were as follows:	ATELON INC.		Date ot onset
77			
Mysletes,	vans	repal: Can	se 2/23/9
sendetermined. Ce			7
		0 1	100
muscles and tissues.	iai Canaen	by degener	atten of
muccles and tissues.	supplied try	. ordrand susta	eng front.
Other Contributory Causes of imp	ortance: cluse	used segments	
7.		V	
Multiple a	beess	ld and	4 wr
Jox enue			
	-m. 0	Data o	
What test confirmed diagnosis?		Was there	an autopsy?
23. If death was due to external ca	uses (VIOL ENCE)	fill in also the follow	wing:
Accident, suicide, or homicide?		_ Date of injury	19
Whare did injury occur?			
Specify whether Injury occurred i	(Specify city	or town, county and	State)
Specify whethar injury occurred i	n INDUSTRY, in	HOME, or In PUBLIC	PLACE.
Manner of injury			-+
Nature of injury			
24. Was disease or injury in any w	vay ralated to occ	upation of daceased?	
If so, specify	DW	·	
Q (Signed) Mayner	ax. 4	mnow	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Wash

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If nonresident give city or town and State

I HEREBY CERTIFY, That I attended deceased from

The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance

ere as follows:	Date of onset
toxered	1 day
Margreye attach	yo day
•	

Neme of operation	Date of

What test confirmed diegnosis?_____ Wes there en eu!opsy?____

23. If deeth was due to externel causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

24. Wes diseese or injury in any wey releted to occupation of deceesed?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requestina U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	•
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods County Registration Dist. No. Village or City (It death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence in city or lown where docth occurred (How long in U.S. if of foreign birth? _______ yrs. _____ mos. _____ ds. statement 2. FULL NAME (a) Residence: No. (Usua blace of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR 21. DATE OF DEATH RACE S-SINGLE, MARRIED, WIDOWED. IYORCED (write the word) BINDING (Yaar) 5a. If marriad, widowed, or divord HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFEof 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Davs If LESS than to have occurred on the date stated above at The PRINCIPAL CAUSE OF DEATH and related causes of importance __min. Frade, profession, or particular kind of work done, as SPLENAR ARGIN RESERVED OCCUPATION Jo SAWYER, BOOKKEEPER, etd. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... may back plnods on 10. Date deceasad last worked at 11, Total time (years) this occupation (month and spent in this that instructions occupation ____ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) ain (Stata or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causas (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicida, or homicida? Date of injury _____ 19___ (State or country) Whare did injury occur? (Specify city or town, county and State)
Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17 INFORMANT Very OF (Addrass) (18. BURIAL, CREMATION OR REMOVAL PRITE Manner of injury CAUSE LION Natura of injury. 24. Was disease or injury in any way related to occupation of decaasad? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEA Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or How long in U.S. if of foreign birth? statement PHYSICIAN SD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (Day) (Year) 5a. If married, widowad, or divorced 22. ERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. end veer) certificate properly 7. AGE Months If LESS then The PRINCIPAL CAUSE OF DEATH end releted causes of importence or min. Data of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which plnods work was done, es SILK MILL, SAW MILL, BANK, etc 11. Totel time (years)
spant in this 10. Date deceesed lest worked at this occupetion (month end that AGE oc:upation. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) H (Stete or country) plai What test confirmed diagnosis?_____ Was there en eu'opsy?_ carefully MOTHER important. 15. MAIDEN NAME 23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following: in Accident, suicide, or homicide?_____ Date of injury____ DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?____ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT plnods very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury WRITE AUSE mation Neture of Injury. (Address) If so, specify 20. FILED (Address) Registrar.

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BINDING

RESERVED



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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	e	July 5, 1927	Peritonitis	3 days ago
	PUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E.

TION is very important. See instructions on back of certificate.

SIMIL OF MANIEMED CENTILICATE OF DEATH	STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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0	Pre	13	0 3	, 7	
U	U	()	0	1	

:	. PLACE OF DEATH	94-6
	County Prince Teorges.	Richard San Registration Dist. No. 245
	Village or City Hyattoville md	No. Hyattarile my St Ward
1		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsds.
1	FULL NAME John J. Kercelly	et a leading and
	(a) Residence: No. 1743 Coe Rd new!	St., Ward.
-	(Usual place of abode) Wash PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1/2
	hale white Dingle	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	- interour	May 24, 1935, to may 30, 1935
6.	DATE OF BIRTH (month, day, and year)	I last saw house alive on may 30 , 1935; death is said
7.	AGE 73 Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11.5.7.1.m.
-	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	Trade, profession, or particular kind of work done, as SPINNER, Plate Bruite (relix SAWYER, BDDKKEEPER, etc.	- A
PATION	9 industry or business in which	Doronary Mombasis Andden
CUP	work was done, as SILK MILL, SAW MILL, BANK, etc	
ö	TD. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30 4 3 4	
-	year)	Other Contributary Causes of importance:
12.	BIRTHPLACE (city or town) (State or country)	
œ	13. NAME	Willens Schlerosis fin
FATHER		
FA	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
R	15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy?
MOTHER		23. If death was due to external causes (VIOLENCE) fill in also the following:
MC	16. BIRTHPLACE (city or town) 4. (State or country)	Accident, suicide, or homicide?
17	INFORMANT Terrae Land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17.	(Address) 1742- Ce Rg Wash -de	
18.	Place Wash De C. Date May 31-, 19 35	Manner of Injury
19.	UNDERTAKER T.7. Costulo.	24. Was disease or injury in any way related to occupation of deceased?
_	(Address) 1722 - Worth lap was Dle	If so, specify And Vin
20.	FILED May 31, 19 35 Mrs. Jas. Dere	(Signed) (Signed) M. D. M. D.
	If more blanks are needed address state Registrar,	(Address)
	and a second and second address diase Velittat.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Wash we

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	i	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RECEIVE	July 5,1927	Peritouitis	3 days ago
	4.			
Other contributory cau			Other contributory causes of importance:	
Gallstones	BALLET ALL V.	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY PHYSICIAN	

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnous Registration Dist. No. of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U. S. if of foreign birth? ______yrs. _____mos.____ Length of residence in city or town where death occurred mos. statement 2. FULL NAME CORD. (Usual place of abode) If nonresident give eity or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT TI (Day) classified. 5a. If married, widowed, or divorced C HUSBANO of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of × 1908 E certificate. 6. DATE OF BIRTH (month, day, and year) 30 Month 7. AGE If LESS than properl to have occurred on the date stated above, et... 1 day,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 26 ormin. Oate of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER. of SAWYER, BOOKKEEPER, etc ... OCCUPAT may back 9. Industry or business In which plnods work was done, as SILK MILL. SAW MILL, BANK, etc ... no 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation ____ instructions UNFADING OS 12. BIRTHPLACE (city or town) (State or country) arounce supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME Many 23. If death was due to external causes (VIOLENCE) fill in also the following: in 16. BIRTHPLACE (city or town) DEATH (State or country) be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnous Very 17. INFORMANT (Address) OF mation AUSI Nature of injury NOIL 24. Was disease or Injury In any way related temoccupation of deceased? 19. UNOERTAKER lbroos maryla If so, specify (Signed) Mar Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	.	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

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	The same of the sa
•	filed under Kirly, 6.26-35,
	V V

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05638
1. PLACE OF DEATH	53-2
County Pro Learge	Registration Dist. No. 296
Village or City Collage Exty md	No. St., Ward death occurred in borbia or institution, size in AME pretent of street and number)
Length of residence In city or town where death occurredmos	ds. How long in U.S. if of foreign birth? 6 -yrsmosds.
2. FULL NAME Emily Q. Kerk	
(a) Residence: No. 14 Barney (Vaugi place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Vear) (Day) (Year)
HUSBAND OF Frank E. Lerk	22. I HEREBY CERTIFY, That I attended deceased from Uay [] ,1935, to [] ,1935; deeth is said
6. DATE OF BIRTH (month, day, and year) / 6, / 8 6 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$20.5 m.
67 5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Frde, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. A. S. Moreamant. 9. Industry or business in which work was done, as SILK MILL, and a work was done, as SILK MILL, and a limit (years) 10. Date deceased last worked at this occupation of month and this promotion from the second in this companion of the second in the	Carcuona Paddor
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation while spent in this occupation spent in this occupation (State or country)	Other Contributory Causes of Importance:
H 13. NAME aftert Exter	
13. NAME aftert Exer 14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Dete of
x	What test confirmed diagnosis? Was there an au'opsy
15. MAIDEN NAME Cimelia Arche 16. BIRTHPLACE (city or town) Lermany	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mr. T. Wlater Scott (Address) Cottage City maritand	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place sedar Hell Cemetery May 14, 1935	Nature of injury
19. UNDERTAKER Flanchia Sons (Address) Syntherifle Maryland	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED 1/13 (, 1930) Pary halfy bo	(Signed) Paules M.D. (Address) PA Raules 1 M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH 1000 should Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred 2 -How long in U.S. if of foreign birth? _____yrs. ____mos. ____ds. statement CORD. St., ... (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT EXACTL (Day) (Month) (Yeer) classified. 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of -, to /// ay 15 193 2 ; deeth is said certificate. 6. DATE OF BIRTH (month, dev. and veer) properly to have occurred on the date stated above, at 9-30 pm. 7. AGE Yeers Months Davs If LESS than stated I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence or min. Date of onset 8 Trede, profession, or perticuler OCCUPATION be kind of work done, es SPINNER, FALLE SAWYER, BOOKKEEPER, etc. Jo plnoys back may 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at of 18 no 11. Total time (years) this occupation (month end spent in this that occupation __ 15-44 year) ______/6983 instructions 12. BIRTHPLACE (city or town)..... (State or country) supplied. terms, FATHER 13. NAME & See 14. BIRTHPLACE (city or town) Neme of operation ... plain (State or country) carefully Whet test confirmed diagnosis? Was there en europsy? MOTHER very important. 15. MAIDEN NAME 4 23. If death wes due to externel ceuses (VIDLENCE) fill in elso the following: in Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town) 1/---DEATH (State or country) Where did injury occur?___. be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, Menner of injury TION is CAUSE Date ... mation Nature of injury. 24. Wes disease or injury in any way related to occupation of deceesed?_. 19. UNDERTAKER (Address) If so, specify ... (Signed). 20. FILED May 18 Registrar. (Address) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.	7	`	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3	

STATE OF MARYLAND-CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

IS A PERMANENT RE

ARGIN RESERVED UNFADING INK—THIS

mation should be carefully supplied. AGE should be

CAUSE OF DEATH in plain terms, so that

FOR BINDING

of OCCUPA.

Exact statement

properly classified.

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1. PLACE OF DEATH	- 940
County Prime blings	Registration Dist. No. 2 42
Village or City James and Hyto In	No. hard \$16207 W
Length of rasidence in city or town where death occurred 14 yrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foralgn birth? yrs. mos.
2. FULL NAME Comma mana	110911100110011001100110011001100110011001110001100011000110001100011000110001100011000110000
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
manie o	(Month) (Day) (Year
Sa. If married, widowed, or divorcad	
(or) WIFE of Walter of han	22. I HEREBY CERTIFY. That I attanded deceased to the standard deceased
5. DATE OF BIRTH (month, day, and year) Seh f. 14"-1895	i last saw h 1 alive on 1935; death is
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2:11 Am.
39 70- 1899 San 14 4 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:
8. Trada profession or particular	Date of o
SAWYER, BUUKKEEPER, atc.	- an eine Pectoris
J. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, atc	
this occupation (month and spent in this year) occupation	4.
2. BIRTIPLACE (city or town) Synch len 1 No.	Othar Coutributory Causes of importanca:
(Stata or country)	Le roman Hassuse P
13. NAME Une U	The said of the said
14. BIRTHPLACE (city or town)	Nama of operation Date of
(Citation Country)	What tast confirmed diagnosis? & Jimis P Sal. Was there an autopsy?
15. MAIDEN NAME Blanche Win spill	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Synch Jones Ya	Accidant, suicida, or homicida? Data of injury, 19
(Stata or country)	Where did injury occur?
7. INFORMANT Walty or harr	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) 6207 hvel It.	
8. BURIAL, CREMATION, OR REMOVAL Place Way 18 1935	Mannar of injury
Palake Section 1990	Nature of Injury
9. UNDERTAKER	24. Was disaasa or injury in any way ralated to occupation of deceased?
(Address) 4 4 45 - Verence (Address) 4.	If so, spacify
20, FILED May 18, 1935 Trace Dotu-	(Signed) A fooling 1 of some
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy I week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registration Dist. No. S. Ward Village or City. Virlage o	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05641
Village of City Mile of City Mile and Country (H death occurred in a hospital or institution, give in NAME insend of steets and number) Length of residence; No	1. PLACE OF DEATH ((122-20)
Length of residence in pairy or tewn where death occupyed. 2. FULL NAME (a) Residence: Ma	County Prince plane	A Registration Dist. No. 23 6
2. FULL NAME (a) Residence: Not. (b) Majhace of shock) (c) Usual place of shock) (c) Ward. (c) Residence: Not. (c) Majhace of shock) (c) Ward. (c) Majhace of shock) (c) Ward. (c) Ward. (c) Majhace of shock) (c) Ward. (
(a) Residence: No. Marie (Unual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MERRITOL WILDOWED OR-DIVERCED-tearnershe word) 5. If married, widowed, or divorced (cr) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Monthly Days 11 LESS than 1 day,		
PERSONAL AND STATISTICAL PARTICULARS J.SSW 4. COLOR OR RACE S. SINGLE, MARKETED Wildowed OR. DAVORCED (***Orthoride word) So. If married, widowed, or divorced HUSSAND of Cory Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than I day. If Agy. If LESS than I day. I day. If LESS than I day. I day	(a) Residence: No. Witchelville m	
2. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Connection word) 5. If married, widowed, or divorced flussand of flussand or divorced flussand of flussand or divorced flussand or		
Sa. If married, widowed, or divorced (Year) INSEAND of (Pro) WIFE of S. ACE Years Months Days If LESS than 1 day		
HUSBAND OF GOT WIFE of GOT WIF	OR DIVORCED (write the word)	May 10 19935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If ILESS than I day. hrs. or min. 8. Trade profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. You have socured on the date stated above, at. 2. A. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onest ware as SPINNER. SAWYER, BOOKKEPER, etc. You have so done, as SPINNER. SAWYER, BOOKKEPER, etc. You have so done, as SPINNER. SAWYER, BOOKKEPER, etc. You have so done, as SPINNER. SAWYER, BOOKKEPER, etc. You have so done, as SPINNER. SAWYER, BOOKKEPER, etc. You have so done, as SPINNER. SAWYER, BOOKKEPER, etc. You have so done, as SPINNER. SAWYER, BOOKKEPER, etc. You have so done, as SPINNER. SAWYER, BOOKKEPER, etc. You have so done, as SPINNER. SAWYER, BOOKKEPER, etc. You have so done, as SPINNER. SAWYER, BOOKKEPER, etc. You have so done, as SPINNER. SAWYER, BOOKKEPER, etc. You have a so dollows: Other Coetributory Causes of Importance: Other Coetributory Ca	HUSBAND of	1 HEREBY CERTIFY. That I attended deceased from
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20. FILED 2/ 3, 1931 - Adamy J. Phipps (Signed) Company of the Color Common of the Color Color Common of the Color Col	19. UNDERTAKER Tolarage Forecasts	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 227, 1957 400 0		If so, specify
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MISEA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS statement Exact classified -× properly stated may pluods that supplied.

BINDING

ARGIN RESERVED

state 1. PLACE OF DEAT pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred ______yrs.____mos.__ How long in U.S. if of foreign birth?_____yrs.____mos.____ds. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX. 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of IFY. That I attended deceased from (or) WIFE ot certificate. 6. DATE OF BIRTH (month, day, and year) May 7. AGE Years Months Days If LESS than I day, ____ hrs. 43 or min. Date ot opget 8. Trade, profession, or particular No of kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, atc.... O 10. Date deceased last worked at On otal time (years) this occupation (month and o spent in this occupation instructions Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME (14. BIRTHPLACE (city or town (State or country) carefully What test confirmed diagnosis?_____ MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Ë Accident, suicida, or homicide?_____ Date of Injury 16. BIRTHPLACE (city or tow (State or country) be (Specify city or town county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OF REMOVAL mation LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED/May Registrar (Address) Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
001 0 400			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No 1

	MARYLAND-	CERTIFICATE OF DEATH 0564,
1. PLACE OF DEATH		E9 2 110
County Anne	reacces	Registration Dist. No.
Village or City Length of residance in city or town where det		No. St., War f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. d
	~ ++·	1.
0 4	2 Malling	Cy
(a) Residence: No. Copsil	(Usual place of ab(d))	/ St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Jewsle 4. COLOR OR RACE !	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	0	
(or) WIFE of		22. I HEREBY CERTIFY, That I attanded daceased from 19 35 to 19 3 19 3
6. DATE OF BIRTH (month, day, and year)	10.9 1625	I last saw he alive on 1933 death is se
7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at 1/2 _m.
THE RESERVE AND PERSONS ASSESSED.	1 day, Shrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	were as follows: Dato of ona
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at		
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this	
you!)	occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	les Heights	
	The training	
No.	Mysellinge	
(State or country)	+100	Name of operation Date of
	des Comments	What test confirmed diagnosis? Was there an autopsy?
10000	and have	23. If daath was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	+10.1.h	Accidant, suicida, or homicide?, 19, Where did Injury occur?, 19
10-1	In them	(Specify city or town, county and State) Spacify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Neights his	Spaces whathat injury occurred in INOUSTRY, IN NOWE, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	2111 10	Manner of injury
Place Congressional	Date 5/7 ,1935	Nature of Injury
19. UNDERTAKER NAM - H-	ardo + Co	24. Was disaase or injury In any way related to occupation of deceasad?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
a best v. S.	- E		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RD. Every item of infor-N. B.—WRIE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RE IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County	Registration Dist. No. 2145
Village or City Byatterell	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James a. h.c Ds	with
(a) Residence: No. (Dy alto le (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OD DIVORCED (awrite tha word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, Widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) & a. 2. 1865	I last saw h Ami alive on Bray 12 1985 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data statad abova, at 11.50 2m.
. 70 2 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8 Trade profession or particular	Ingreasedite decomposate Girarms
kind of work done, as SPINNER. SAWYER, BOOKKEPPER, atc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this pocupation (month and spent in this	
O 10 Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Oronichnyo and to, Durations grow July 9 1731 July 15 th, 1931, To may 12 th, 1935.
14. BIRTHPLACE (city or town)	t Curson
4. BIRTHPLACE (city or town) (Stata or country)	Nama of oparation Date of
	What tast confirmad diagnosis? Was there an autopsy?
E COMMENT	23. If daath was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city of town) (State or country)	Accident, suicide, or homicida? Date of injury, 19
17. INFORMANT aselshine her Devitt (Address) 15-20 Page Ad AD. D.	Where did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington De Data May 15, 1935	Natura of Injury
19. UNDERTAKER Hard John South	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 14, 1935 Mrs. Jas. Deverel	(Signed) Alfand Tuckers M. D.
Registrar.	(Address)
A, more viantes are pecuca paquies State Registrat,	2411 11. Chanes Street, Daitmore, Requesting 'O. S. 140. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full dess of tive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the teri "laborer" then a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mechants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronie interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

N. B.-

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)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
1	ITE	s uc	SE	is.
11	WR	natic	MY	TOL
		=	0	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05645
1. PLACE OF DEATH	
County Prince George,	Registration Dist. No. 2 42
Village or City Capital Moughts	No. St Ward
Length of residence in city or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cleanora Updike	Minimor . Do -
(a) Residence: No. 48 Shadyside (va) Gas	ital Lewinghla, Md.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (price tha word)	may 2" 1935
5a. If married, widowed, or divorced	(Year)
(or) WIFE of William allen Himmo	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) July 17, 1868	I last sew h. aliva on Way 1 1934; death is said
7. AGE Yeers Months Deys II LESS than	to heve occurred on the date stated above, at 2 A m.
74 9 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade application of the control o	were es follows: Data of onset Out of the state of the
Solver of the second late work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Deta deceased last worked at this occupation (month and	1 1934
9. Industry or business In which work was dona, es SILK MILL.	
O lota deceased last worked at this occupation (month end yeer) occupation (coupation coupation)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) (Irginia	
13. NAME Fielding Kashington Updike	
13. NAME Feelding Washington Updike 14. BIRTHPLACE (city or town) (Stata or country)	Neme of operation Dete of
	Whet test confirmed diegnosis? Wes thare en eutopsy?
15. MAIDEN NAME Mary Updike 16. BIRTHPLACE (city or town)	23. If death wes dua to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country) / / / / / / / / / / / / / / / / / / /	Whera did injury occur?
17. INFORMANT Miss comes Johnson (Address) 48 Stanford (Mr. High High to W.)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington & boate May 2, 19 33	Neture of injury.
19. UNDERTAKER N. W. Chambers Ou., (Addiess) 1400 Chapters M. N. N.	24. Wes disease or injury in eny wey related to occupetion of deceasad?
20. FILED May 2' 1935 Brace along	(Signed) R. Afga. M.D.
Alepuly Registrar.	(Address) Alax Than and Illi

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 05646
1. PLACE OF DEATH	550
County Prince Georges	Registration Dist. No. 235
Village or City For Strille	NoSt.,Ward
Length of residence in city or town where deeth occurredyrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas V Trum	mally
(a) Residence: No. 7 over tralle	St., . Ward.
(Usu Ipiace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Yerrice House Numally	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Nov 1868	l lest saw have elive on 9 19 3 deeth is seid
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1.1.5317.
6.6 5 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Qate of onset
	media timal lumon:
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Not known, whether benign or malignants
SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and 6 7 9 spent in this spent in this	Thysician had only treated him for a few
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
E	
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
15. MAIDEN NAME COCUM. hein T Morro	What test confirmed diagnosis?
15. MAIDEN NAME Columbia Moore 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Charles Just	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 1-10 May 13 20	Manner of injury
Placed Letting to late 1 and 12, 1933	Nature of injury
19. UNOERTAKER W. W. Chamber Cu. (Addiess) 5/7-1/2 Style	24. Was disease or injury In any wey related to occupetion of deceased?
20. FILEO 5-9 1935 L. O. Minear Registrar.	(Signed) And M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

If so, specify (Signed)

24. Was disease or injury in any way related to occupation of deceased?

MOIL

19. UNDERTAKER (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S	*		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. BWINGE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PERMANE	stated EXACT	properly classified	certificate.
JNFADING INK-THIS	pplied. AGE should be	erms, so that it may be	instructions on back of
VINEE PLANLY, WITH U	n should be carefully suj	E OF DEATH in plain t	TION is very important. See instructions on back of certificate.
N. BWIE	mation	Y) CAUS	TION

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	(3)
County Prince Leorges	Registration Dist. No. 23/
Village or City Juxolo	No. No. 20 Pryor ave, St Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	201/20
2. FULL NAME JAMES THOMAS	PK YUK
(a) Residence: No. 20 Oryor avenue	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male White OR DIVORCED (write the word)	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Or Sell C. Pryor	22. I HEREBY CERTIFY, That I attended deceased from 1924, to Muy 4, 1936
6. DATE OF BIRTH (month, day, and year) Nec 5, 1861	I last saw h way 3 , 19 35; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 3; 25 2 m.
1 7 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Rotice of Research	1) Chrome Rephritis
SAWYER, BOOKKEEPER, etc. 1 Correct of Correct of Sawyer, Bookkeeper, etc. 1 Correct of C	(Chronic Brights Descuse)
work was done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Oate decesed lest worked et 11. Total time (veers)	
this occupation (month and 5 year) spant in this 40 year)	
12. BIRTHPLACE (city or town) Pleasant View amherst	Other Contributory Causes of importence: Cardiac Jailan Pulmonary
(State or country) Country Virginia	Of dense
13. NAME tames Pryor	
13. NAME James Bryor 14. BIRTHPLACE (city or town) amherate	Neme of operation Date of
(State or country) Virginia,	What test confirmed diagnosis? Was there an eutopsy? 744
# 15. MAIDEN NAME Edith Rucker	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Edith Rucker 16. BIRTHPLACE (city or town) armhers County	Accident, suicide, or homicide? Date of injury19
State or country) Virginia,	Where did injury occur?
17. INFORMANT Carl Pryor (Address) Landower md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Fort Lincoln Countery Date May 6, 19 35	Nature of injury
19. UNOERTAKER Fasch, Hyatteville	24. Was disease or injury in any way related to occupation of decoased? Mo
20. FILED 1935 . Heley Start.	(Signed) Lo. V. Effrard M. D. (Address) & of mine a - 4.2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURPAH V. e.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS statement Exact -THIS may that plain efully DEATH

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V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City No. 443 4 St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred 3.2 vrs. ds. How long in U.S. If of foreign birth? _____yrs. ____mos. ____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended daceased 400 (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years to have occurred on the data stated above, at. I day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular NO kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spent in this occupation ____ 12. BIRTHPLACE (city or town). (State or country) FATHER I3. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?. HER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicida? (Stata or country) Whare did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury May: 23,1930 Nature of injury. 24. Was disaasa or injury in any way ralated to occupation of decaased? 19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1	- 47		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Case was being treated by Dr Thomas Latimer of thysthrille, his who can furnish additional

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Data of onset

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Example 1	ii	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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BUREAU V. S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

certificate.

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	item of infor- should state	of OCCUPA-
•	RECORD. Every	Exact statement
FOR BINDING	IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(1565)		
County	Prince (George a		Registration Dist. No. 230		
Village or C	ity Berwyn			No. St	Ward	
		death occurred	(I) O yrs mos	death occurred in a hospital or institution, give its NAME instead of street and numberds. How long in U.S. If of foreign birth?yrsmos)	
2. FULL NA	ME Francis He	enry Shipl	ev			
(a) Resider	ce: No. Berwy	1 (Usual place	of abode)	St., Ward. If nonresident give city or town and State		
PERSON	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	* * ·	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 30 1995	(ear)	
5a. If married, widow HUSBAND of XXXXXXVFX XIX	vad, or divorcad Esther Spalo	ding Shipl	ley	22. I HEREBY CERTIFY, That I attended decease May 28	ed from	
6. DATE OF BIRTH	(month, day, and year) $\mathbb{F} \ominus \mathbb{I}$	0. 20, 184	+7	I last saw h_im alive on_ May 29, 1935_; death		
7. AGE Yes 88		Days 10	If LESS than I day,hrs. ormin.	to have occurred on the date statad above, at 8.150. A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset	
SAWYER SAWYER SAWYER SAWWIII D. Date deceas this occu	ssion, or particular work dona, as SPINNER, BOOKKEEPER, atc. business in which s done, as SILK MILL, L, BANK, etc. ed last worked at pation (month and	sper occu	ter ima (years) nt in this ipation	Intestinal Hemorrhages: Coursement Ma Renown not brown, whether due to corner; Int no bandance of my pain or discorner; A history of freeheart, terry stools of two story. Juration what attainable level & Other Contributory Causes of importance:		
12. BIRTHPLACE (ci	tyortown) Reiste	ertown, Ma	ryland	Arterio-sclerosis Senility		
13. NAME]	Elanson F. Shi	ipley				
4 14. BIRTHPLACE	(city or town) Balti	imore Co.	Md.	Name of operation Date of Was thera an autopsy:	2 No	
15. MAIDEN NA	ME Elizabeth (Jorsuch		23. If death was due to external causes (VIOLENCE) fill in also the following:	1-2804	
	(city or town) Balto country)	. Co. Md.		Accidant, suicide, or homicide?		
17. INFORMANT _ M.: (Address)	rs. Esther S. Berwyn	Shipley		(Specify city or town, county and State) Specify whethar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMAT	TON OR REMOVAL	Datefun	44 3 - 1935	Manner of injury		
19. UNDERTAKER (Address)	4. Lache o	nus Ele me	Λ	24. Was diseasa or injury in any way related to occupation of deceased?		
20. FILED MALY	1-31-135	Show D.	Smith Registrar.	(Signed) Berwyn, Md.	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

TION is very important. See instructions on back of certificate.

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of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	ice Georg	•	34)	
County		3e	Registration Dist. No.	245
Village or City Hyattsville			No. North Wells Ave. St	.,Ward
Length of residence In city or town whe		(1) mosyrs	death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	and number)
2. FULL NAME William	77	ingleton		
(a) Residence: No. 15 Nor			St., Ward. Hyattsville, Md. If nonresident give city or town	n and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEAT	
SEX COLOR OR RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May (Month) (Day)	, 193_ 5
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Carolyn K	ing Sing		22. I HEREBY CERTIFY. That I atte March 1935, to 29/ Way	nded deceased from
6. DATE OF BIRTH (month, day, and year)	n. 25 18	85		ال 1933 death is said
7. AGE Years 4 Months	4 Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, a. 5-45-7.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	lestrica			Date of onset
10. Date deceased last worked at this occupation (month and year)	spa spa	time (years) int in this upation22		
12. BIRTHPLACE (city or town)	on		Other Contributory Causes of importance: Sufferteureen	?
1	Singleto	n.	Republic Carteles	
14 DIDTUDIACE (city of Across)	roe Coun Georgia.	ty.	Name of operation Nacce Date What test confirmed diagnosis? Wassermann Was there	
5 15. MAIDEN NAME Frances	D. Mc Do	nald	23. If death was due to external causes (VIOL ENCE) filt in also tha foli	
O 10, DIKTHPLACE (CITY OF TOWN)	anah Jeorgia.		Accident, suicide, or homicide? Nous Date of injury Whera did injury occur?	
17. INFORMANT COACHE &	ing bi	gleton	(Specify city or town, county and Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
18. BURIAL, CREMITION, OR REMOVAL	C. Data My	×27,1935	Manner of injury	
19. UNOERTAKER 290/- 14	ines &	CO. A.C	24. Was disease or injury in any way related to occupation of deceased If so, specify	No.
20. FILED May 29", 1935	hrs Ja	Registrar.	(Signed) Charles R. L. Halley (Address) 1801 Syest N. W. Washing	tar pc M.D
If me	re blanks are needed,	addess State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

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Chronic interstitial nephr	itis	1921 Run over by street car			
Cerebral hemorrhage		July5,1927	Peritonitis *	3 days ago	
		1 1			
	1 6. 5 VAI	. 1	6		
Other contributory can	uses of importance:	السال	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH 05653 state item of infor-OCCUPA-1. PLACE OF DEATH should of PHYSICIANS RECORD. Every Langth of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A PERMANENT EXACTL classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months If LESS than Days 50 1 day, ____ hrs. IS or min. 8. Trada, profassion, or perticuler kind of work dona, as SPINNER, UNFADING INK-THIS NO jo SAWYER, BOOKKEEPER, etc.. OCCUPAT Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... back may pinods it Date deceased lest worked at anaylo this occupation (month and See instructions on 10. 11. Total time (years) spent in this that 80 12. BIRTHPLACE (city or town) (State or country) supplied. DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) WITH (State or country) should be carefully MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 210 (Address) CAUSE OF 18. BURIAL, CREMATION, OR REMOVAL TION is mation 19. UNDERTAKER (Addrass)

Registration Dist. No.	~ 6
No. 3 6 2 4 32 St.,	Ward
eath occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrsm	
-10.	03ds.
an	
St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
Month) (Day)	ر (Year)
22. I HEREBY CERTIFY, That I attended	decaasad from
may 10 ,1935, to may 11	
I last saw ham alive on May 11 19 3	a; daath is said
to heve occurred on the date steted above, at	
The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:	1
Hyportneron	Date of onset
Cerebral Hamonlage	5/10/31
Other Contributory Canses of importance:	
Name of operation Date of	
What tast confirmad diagnosis? Was there an	autopsy?_2ca
23. If death was dua to extarnal causes (VIOLENCE) fill in also the following	g:
Accidant, suicide, or homicide? Date of injury	, 19
Where did injury occur?	
(Specify city or town, county and States Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
Manner of injury Healert & Mo ffe	大师
Neture of injury	0
24. Was disaasa or injury in any way ralated to occupation of dacaased?	200
If so, spacify	
(Signad) N.B. Woyers	M. D.
(Addrass) 3.6 40 344 St Sut R	Sent Sent
(Acutass) C. C. T. Z	111111111111111111111111111111111111111

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
CO TENT					
Other contributory causes of importance:	1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
- 3					

STATE OF MARYLAND—CERTIFICATE OF DEATH state of infor-OCCUPA-1. PLACE OF DEATH 92-0 plnods jo PHYSICIANS Length of residence in city or town where deeth occur statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT EXACTL classified. 5e. If merried, widowed, or divorced HUSBAND of (OF) WIFE OF certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months stated Years Days If LESS than 1 dey, hrs. or____min. 8. Trade, profession, or particuler THIS. OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ jo Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... back should it may See instructions on Date deceesed lest worked et 11. Totel time (years) this occupation (month and spent In this that occupation UNFADING 12. BIRTHPLACE (city or town). (State or country) mation should be carefully supplied. CAUSE OF DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) ION is 19. UNDERTAKER (Address) 20. FILED MAY Registrar. If more blanks are needed, address State Registrar, 24

Keg	gistration Dist. No.	
No.	sits NAME instead of street and	Ward
ds. How long in U.S. If of foreign		
Ton.		4.
Ward.	nonresident give city or town an	d State
	FICATE OF DEATH	Id Diate
21. DATE OF DEATH	TOATE OF BEATTI	
Way	th) (bay)	., 193 (Yeer)
22. I HEREBY CE	RTIFY, That I attende	d danaged from
	, to Mad 2	d deceesed from
I lest sew h effve on MA	المحاور الم	; deeth is seid
to heve occurred on the date stated ebove	(1) 4 M. m.	
The PRINCIPAL CAUSE OF DEATH end r	elated ceuses of Importence	,
Chronic br	rocandation	Date of onset

Other Contributory Canses of Importance:	•	
mutal ster		
Louista.		
8		
Neme of operation	Dete of	
Whet test confirmed diegnosis?		
23. If deeth was due to externel causes (VIC		
Accident, suicide, or homicide?		
Where did Injury occur?		
(Specify whether injury occurred in INDUS	cify city or town, county and St	ate)
openi, mether injury occurred in the boa	TRE, IN HOME, OF HET OPER P	ERVL.
Manner of injury		
Neture of Injury		
		7
24. Wes diseese or injury in eny way relete	ed to occupetion of deceesed?	tvp
If so, specify	doing	20
(Signed)	TO TO	M D.
(Address)	DI ALTONOMINA	0,00004
11 N. Charles Street, Baltimore, Requesting	U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1 1 1	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

properly classified.

TION is very important. See instructions on back of certificate.

item of infor-

Exact statement of OCCUPA.

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7.7	1	2 1	1 1	- 1
1.0	1)	13	11	1 7

		_	F MAR	YLAND-	CERTIFICATE OF	DEAT	H	15655
	1. PLACE OF DEA		-1-		92-0		2	31
	County Pri					egistration Dist	i. No.	20
	Village or City			(1)	NoNo	rive its NAME ins	stead of street and	number)
	Length of residence in ci	ty or town where d	leath occurred	8 yrs mos	ds. How long in U.S. if of forei	ign birth?	yrs	mosds.
	2. FULL NAME	Anna Bell	e Gardin	er Turner	~ 0 × p × p p 0 − × − 0 0 p p 0 0 0 0 0			
4000	(a) Residence: No]	Berwyn He	ights (Usualplac	e of abode)	St.,Ward.	lf nonresident give	city or town an	d State
	PERSONAL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CERT	IFICATE O	F DEATH	
		R OR RACE	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH		22	, 193
5a. If married, widowed, or divorced Wishamb Af William Albert Turner (or) Wife of William Albert Turner			22. I HEREBY C	ERTIFY, 1 to May		d deceased from		
6. DATE OF BIRTH (month, dey, end year) April 8. 1854			154	l lest sew her elive on May			; deeth is seid	
	AGE Years	Months	Oays	If LESS than	to heve occurred on the date stated about	0 00		, 460(11 13 3014
	81	1	14	l dey,hrs.	The PRINCIPAL CAUSE OF DEATH end			
NOI	8. Trade, profession, or perticular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.			Chronic Endocard	itis		5 yrs.	
OCCUPATION	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.							
000	10. Date deceesed last wor this occupetion (more year)	ked et nth end	11. Total	time (yeers) ent in this cupetion				
12	BIRTHPLACE (city or town) (Stete or country)	Baltimo	re, Md.		Other Contributory Causes of Importence Coronary Thrombu			**
ER	13. NAME IBBAC H	. Gardine	r					
FATHER	14. BIRTHPLACE (city or to (Stete or country)	wn) Balt	imore, N	/d.	Neme of operation		Dete of_	97
23	15. MAIDEN NAME Ju	lia Mille	r		What test confirmed diegnosis?			
MOTHER	16. BIRTHPLACE (city or to (Stete or country)		Deltino	re	23. If deeth wes due to externel ceuses (\ Accident, suicide, or homicide?			
17. INFORMANT Mrs. Charles E. Ball (Address) Berwyn, Md.			Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.					
18	BURIAL CREMATION, OR P	EMOYAL Come	tyry me	425-1935	Menner of injury			
19	UNDERTAKER F	Jack	la	nd	Neture of Injury			No
20	FILEDMAY 28, 1	19 3 5	trub	Smith. Registrar.	(Signed) Ber	wyn, Md.	æ	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRI'NE

N. B.

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11.—The number of years the deceased followed the occupation.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

Q	. Every item of infor-	ICIANS should state	tement of OCCUPA-		
BINDING	PERMANENT REGRE	EXACTLY. PHYS.	rly classified. Exact sta	ate.	
ARGIN RESERVED FOR BINDING	DING INK-THIS IS A	1. AGE should be stated	so that it may be proper	uctions on back of certific	
ARG	-WRITE PLANIX, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	
(1)	- TEATE	mation s	CAUSE	TION is	Section of the latest designation of the lat

STATE OF MARYLA	AND-	CERTIFICATE OF DEATH	5656
1. PLACE OF DEATH	- 11, 11, 11, 11, 11, 11, 11, 11, 11, 11	9300	27
County Prime Longe		Registration Dist. No.	36
Village or City mitthellistle		No	Ward
Length of residence in city or town where deeth occurredyr	ll) .zoms	death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsn	number)
2. FULL NAME Charles Wille			
(a) Residence: No.		St., Ward,	
(Usual place of abod		If nonresident give city or town and	I State
PERSONAL AND STATISTICAL PARTICUL		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write market). To the colored of the colored	WIDOWED, e The word)	21. DATE OF DEATH (Moph) (Dey)	., 193_5 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Rachael William	<u></u>	22. I HEREBY CERTIFY, Thet I attended	deceased from
6. DATE OF BIRTH (month, dey, and year) That Know	m	I last saw h may 8 1931	; death is said
c/ + 90 Ide	LESS than y,hrs.	to have occurred on the date stated above, at 222 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
& Trade profession or particular			Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et this occupetion (month and year) 11. Totel time (yer spant in the	is 🗸 🗤	Primary Caus: Chronic myocondition	1934 May 8'3
year)		Other Contributory Causes of importance:	
13. NAME famuel Williams 14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town) (State or country)		Neme of operation Date of Was there an	
15. MAIDEN NAME not known 16. BIRTHPLACE (city or lown) (State or country)		23. If deeth was due to externel causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	g: , 19
17. INFORMANT Carthur Williams (Address) mitchellielle		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CHEMATION, OR REMOVAL Place That marsh Date may /	7	Manner of injury	
19. UNDERTAKER Clarage Foresce (Address) Mitchellus les		24. Wes disease or injury in any way related to occupation of deceased?	m.
20. FILED May 18 , 1935 Herry Thep	Registrar.	(Signed) Henry Stand	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis CEVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•				

ADDITIONAL	SPACE FU	K FUKIHEN	SIATEMENTS	DI IIIISI	CIAN	
			A LOS CONTRACTORS			

	County County	e J	2005	ED.	Registration Dist. No. 24	40
23993	Village or City Our love Length of residence In city or love	wn where death occur	word vis		No. St., death occurred in a hospital or institution, give its NAME instead of street at ds. How long In U.S. if of foreign birth?yrs	Ma number)
2. 1	FULL NAME (a) Residence; No.	a May	Mine	Leon	St Ward.	
		(Us	ual place of abode)		If nonresident give city or town	-
3. SEX	PERSONAL AND ST		LE, MARRIED, WI		MEDICAL CERTIFICATE OF DEATH	
1	Mute	OR D	IVORCED (write)	the word)	Mcay 2 (Month) (Day)	, 193 5 (Yeer)
H	married, widowed, or divorced IUSBAND of or) WIFE of Mallacan	Smatu	1 Vane	lan	22 OI HEREBY CERTIFY, That I attend	ed deceased fr
6. DAT	TE OF BtRTH (month, day, and ye		-	69 ESS than	I lest saw hay alive on May 192. to have occurred on the date steted ebove, et 2.4	death Is sa
i. Aug	67	5 /	7 1 day.	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
NO 8	8. Trade, profession, or particular kind of work done, as SPIN SAWYER, BOOKKEEPER, etc	INER, Thomas		min.	Througe Parluchymatous liefket.	2 1934
& S	Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc					
10). Date deceased last worked at this occupation (month and year)		1. Total time (year spent in this occupation	eja		
12. B1F	RTHPLACE (city or town)	suata	way	0	Other Contributory Causes of importance:	-
	(Stete or country)	2nd			& aurealdy Febrillation	193
王	. BIRTHPLACE (cov or town)	recenta	way	7	Name of operation Date o	f
	(State or country)	n	1.		What test confirmed diagnosis? Queeal was there	an autops
I -	S. MAIDEN NAME OLUM	on How	aude		23. If deeth wes due to external causes (VIOLENCE) fill in also the follow	
16 W	5. BIRTHPLACE (city or town) (State or country)	uscarai	Ly		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INF	FORMANT Mallia (Address) Rise	in Un	Isol		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BU	RIAL, CREMATION, OR REMOVAL	L	h	19.75	Manner of Injury	
19. UN	DERTAKER Thouth	of Ryon			24. Was disease of injury in any war related to occupation of deceased?	no
	I AUDITORES / // / / / / / / / / / / / / / / / /	21 1161 W.	110		If so, specify	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU Y S	§		
Other contributory causes of importance:	in sent a	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	----------------	-------------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITY PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

	CERTIFICATE OF DEATH 05658
1. PLACE OF DEATH County Proce Server	958 233
	Registration Dist. No.
(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth? yrs. mos. ds.
2. FULL NAME Shomas Wood	1
(a) Residence: No.	St., Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writ the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. HEREBY CERTIFY, Thet ettended deceased from
6. DATE OF BIRTH (month, day, and year) August 23 - 1873	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 a.m.
LO 2 9 1 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Tand dead he has
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Light, Cause Probably
SAW MILL, BANK, etc	heart Acolosia
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Ordalle heart disease. He was found dead
13. NAME PLES WOOD 1 14. BIRTHPLACE (city or town) PROPERTY OF COLUMN 14. BIRTHPLACE (CITY OF TOWN) PROPERTY OF COLUMN 15. CITY OF COLUMN 15. CIT	in his field no further information Lings
14. BIRTHPLACE (city or town) Profile Orll (Stale or country)	Name of operation Date of What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Wargaset Johns Skymes	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wargaret Johns Skumer 16. BIRTHPLACE (city or town) 15. MAIDEN NAME (Stete or country) (Stete or country)	Accident, sulcide, or homicide?
17. INFORMANT H James As o d	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manager of Latina
Place Erom med Date may 11 ,1985	Manner of injuryNature of injury
19. UNDERTAKER Optopie Brothers	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) Tupper marlbon, md	If so, specify
20. FILED May 6, 1935 Grulsh W Jarner	(Signed) Notace y) on the flact NM. b. (Address) V pp les mollowing S.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	ii	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05659
1. PLACE OF DEATH	(82-21)
County Prince Georges	Registration Dist. No. 245
	No. 212 Jackson One St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Longth of coaldones is situated and the state of the stat	death occurred in a hospital or institution, give its NAME instead of street and number) 1.6. ds. How long In U.S. if of foreign birth?
	dward
(a) Residence: No. 212 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Yeer)
5e. If merried, widowed, or divorced	
HUSBAND of Charles Benjamin Woodward	22. I HEREBY CERTIFY, Thet I attended deceesed from
77 22 18/11	1985, to 2000 16 , 18
6. DATE OF BIRTH (month, day, end yeer) teGruscy 23, 1864 7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at 11.25 Rm P
71 2 23 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trede, profession, or perticuler	were es follows:
SAWYER, BOOKKEEPER, etc.	Cecaling appropriate, may,
SAW MILL, BANK, etc	
	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Coxxing, N. Y- (Stete or country)	auto Salanoan
	to grant
13. NAME Nelson Ellson 14. BIRTHPLACE (city or town) County of Steuben	N
(State or country) State Of New York	Name of operation Date of What test confirmed diagnosis? Wes there an aulopsy?
	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Carolyn Fowler 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(Stete or country)	Where did injury occur?
17. INFORMANT William (A. Turner (Address) 212 Jackson (No., Hyatholle, Ma)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place F. T. 2 INCOLN md Date may 19-, 1935	Nature of injury
19. UNDERTAKER 4. Laselis Sous (Address) Alexattaville mid	24. Was disease or injury in any way related to occupation of deceased?
20, FILED May 18, 19 35 Mrs. Jac Devere	(Signed) Share Land M. D
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14500000